

110TH CONGRESS
2D SESSION

S. 2790

To amend title XVIII of the Social Security Act to provide for coverage of comprehensive cancer care planning under the Medicare program and to improve the care furnished to individuals diagnosed with cancer by establishing a Medicare hospice care demonstration program and grants programs for cancer palliative care and symptom management programs, provider education, and related research.

IN THE SENATE OF THE UNITED STATES

MARCH 31 (legislative day, MARCH 13), 2008

Ms. LANDRIEU introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to provide for coverage of comprehensive cancer care planning under the Medicare program and to improve the care furnished to individuals diagnosed with cancer by establishing a Medicare hospice care demonstration program and grants programs for cancer palliative care and symptom management programs, provider education, and related research.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 (a) SHORT TITLE.—This Act may be cited as the
3 “Comprehensive Cancer Care Improvement Act of 2008”.

4 (b) TABLE OF CONTENTS.—The table of contents of
5 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Findings.

TITLE I—COMPREHENSIVE CANCER CARE UNDER THE
MEDICARE PROGRAM

Sec. 101. Coverage of cancer care planning services.

Sec. 102. Demonstration project to provide comprehensive cancer care symptom
management services under Medicare.

TITLE II—COMPREHENSIVE PALLIATIVE CARE AND SYMPTOM
MANAGEMENT PROGRAMS

Sec. 201. Grants for comprehensive palliative care and symptom management
programs.

TITLE III—PROVIDER EDUCATION REGARDING PALLIATIVE CARE
AND SYMPTOM MANAGEMENT.

Sec. 301. Grants to improve health professional education.

Sec. 302. Grants to improve continuing professional education.

TITLE IV—RESEARCH ON END-OF-LIFE TOPICS FOR CANCER
PATIENTS

Sec. 401. Research program.

6 **SEC. 2. FINDINGS.**

7 The Congress makes the following findings:

8 (1) Individuals with cancer often do not have
9 access to a cancer care system that provides com-
10 prehensive and coordinated care of high quality.

11 (2) The cancer care system has not traditionally
12 offered individuals with cancer a prospective and
13 comprehensive plan for treatment and symptom
14 management, strategies for updating and evaluating

1 such plan with the assistance of a health care pro-
2 fessional, and a follow-up plan for monitoring and
3 treating possible late effects of cancer and its treat-
4 ment.

5 (3) Cancer survivors often experience the
6 under-diagnosis and under-treatment of the symp-
7 toms of cancer, a problem that begins at the time
8 of diagnosis and often becomes more severe at the
9 end of life. The failure to treat the symptoms, side
10 effects, and late effects of cancer and its treatment
11 may have a serious adverse impact on the health,
12 well-being, and quality of life of cancer survivors.

13 (4) Cancer survivors who are members of racial
14 and ethnic minority groups may face special obsta-
15 cles in receiving cancer care that is coordinated and
16 includes appropriate management of cancer symp-
17 toms and treatment side effects.

18 (5) Individuals with cancer are sometimes put
19 in the untenable position of choosing between poten-
20 tially curative therapies and palliative care instead of
21 being assured access to comprehensive care that in-
22 cludes appropriate treatment and symptom manage-
23 ment.

24 (6) Comprehensive cancer care should incor-
25 porate access to psychosocial services and manage-

ment of the symptoms of cancer (and the symptoms of its treatment), including pain, nausea and vomiting, fatigue, and depression.

(7) Comprehensive cancer care should include a means for providing cancer survivors with a comprehensive care summary and a plan for follow-up care after primary treatment to ensure that cancer survivors have access to follow-up monitoring and treatment of possible late effects of cancer and cancer treatment.

(8) The Institute of Medicine report, “Ensuring Quality Cancer Care”, described the elements of quality care for an individual with cancer to include—

(A) the development of initial treatment recommendations by an experienced health care provider;

(B) the development of a plan for the course of treatment of the individual and communication of the plan to the individual;

(C) access to the resources necessary to implement the course of treatment;

(D) access to high-quality clinical trials;

(E) a mechanism to coordinate services for the treatment of the individual; and

1 (F) psychosocial support services and com-
2 passionate care for the individual.

3 (9) In its report, “From Cancer Patient to
4 Cancer Survivor: Lost in Transition”, the Institute
5 of Medicine recommended that individuals with can-
6 cer completing primary treatment be provided a
7 comprehensive summary of their care along with a
8 follow-up survivorship plan of treatment.

9 (10) Since more than half of all cancer diag-
10 noses occur among elderly Medicare beneficiaries,
11 the problems of providing cancer care are problems
12 of the Medicare program.

13 (11) Shortcomings in providing cancer care, re-
14 sulting in inadequate management of cancer symp-
15 toms and insufficient monitoring and treatment of
16 late effects of cancer and its treatment, are related
17 to problems of Medicare payments for such care, in-
18 adequate professional training, and insufficient in-
19 vestment in research on symptom management.

20 (12) Changes in Medicare payment for com-
21 prehensive cancer care, enhanced public and profes-
22 sional education regarding symptom management,
23 and more research related to symptom management
24 and palliative care will enhance patient decision-
25 making about treatment options and will contribute

1 to improved care for individuals with cancer from
 2 the time of diagnosis of the individual through the
 3 end of the life of the individual.

4 **TITLE I—COMPREHENSIVE CAN-**
 5 **CER CARE UNDER THE MEDI-**
 6 **CARE PROGRAM**

7 **SEC. 101. COVERAGE OF CANCER CARE PLANNING SERV-**
 8 **ICES.**

9 (a) IN GENERAL.—Section 1861 of the Social Secu-
 10 rity Act, as amended by section 114 of the Medicare, Med-
 11 icaid, and SCHIP Extension Act of 2007 (Public Law
 12 110–173) is amended—

13 (1) in subsection (s)(2)—

14 (A) by striking “and” at the end of sub-
 15 paragraph (Z);

16 (B) by adding “and” at the end of sub-
 17 paragraph (AA); and

18 (C) by adding at the end the following new
 19 subparagraph:

20 “(BB) comprehensive cancer care planning
 21 services (as defined in subsection (ddd));”; and

22 (2) by adding at the end the following new sub-
 23 section:

1 “Comprehensive Cancer Care Planning Services

2 “(ddd)(1) The term ‘comprehensive cancer care plan-
3 ning services’ means—

4 “(A) with respect to an individual who is
5 diagnosed with cancer, the development of a
6 plan of care that—

7 “(i) details, to the greatest extent
8 practicable, all aspects of the care to be
9 provided to the individual, with respect to
10 the treatment of such cancer, including
11 any curative treatment and comprehensive
12 symptom management (such as palliative
13 care) involved;

14 “(ii) is furnished in written form to
15 the individual in person within a period
16 specified by the Secretary that is as soon
17 as practicable after the date on which the
18 individual is so diagnosed;

19 “(iii) is furnished, to the greatest ex-
20 tent practicable, in a form that appro-
21 priately takes into account cultural and
22 linguistic needs of the individual in order
23 to make the plan accessible to the indi-
24 vidual; and

1 “(iv) is in accordance with standards
2 determined by the Secretary to be appro-
3 priate;

4 “(B) with respect to an individual for
5 whom a plan of care has been developed under
6 subparagraph (A), the revision of such plan of
7 care as necessary to account for any substantial
8 change in the condition of the individual, if
9 such revision—

10 “(i) is in accordance with clauses (i)
11 and (iii) of such subparagraph; and

12 “(ii) is furnished in written form to
13 the individual within a period specified by
14 the Secretary that is as soon as practicable
15 after the date of such revision;

16 “(C) with respect to an individual who has
17 completed the primary treatment for cancer, as
18 defined by the Secretary (such as completion of
19 chemotherapy or radiation treatment), the de-
20 velopment of a follow-up cancer care plan
21 that—

22 “(i) describes the elements of the pri-
23 mary treatment, including symptom man-
24 agement, furnished to such individual;

1 “(ii) provides recommendations for
2 the subsequent care of the individual with
3 respect to the cancer involved;

4 “(iii) is furnished in written form to
5 the individual in person within a period
6 specified by the Secretary that is as soon
7 as practicable after the completion of such
8 primary treatment;

9 “(iv) is furnished, to the greatest ex-
10 tent practicable, in a form that appro-
11 priately takes into account cultural and
12 linguistic needs of the individual in order
13 to make the plan accessible to the indi-
14 vidual; and

15 “(v) is in accordance with standards
16 determined by the Secretary to be appro-
17 priate; and

18 “(D) with respect to an individual for
19 whom a follow-up cancer care plan has been de-
20 veloped under subparagraph (C), the revision of
21 such plan as necessary to account for any sub-
22 stantial change in the condition of the indi-
23 vidual, if such revision—

24 “(i) is in accordance with clauses (i),
25 (ii), and (iv) of such subparagraph; and

1 “(ii) is furnished in written form to
2 the individual within a period specified by
3 the Secretary that is as soon as practicable
4 after the date of such revision.

5 “(2) The Secretary shall establish standards to carry
6 out paragraph (1) in consultation with appropriate organi-
7 zations representing providers of services related to cancer
8 treatment and organizations representing survivors of can-
9 cer. Such standards shall include standards for deter-
10 mining the need and frequency for revisions of the plans
11 of care and follow-up plans based on changes in the condi-
12 tion of the individual and standards for the communica-
13 tion of the plan to the patient.”.

14 (b) PAYMENT.—Section 1833(a)(1) of the Social Se-
15 curity Act (42 U.S.C. 1395l(a)(1)) is amended by striking
16 “and” before “(V)” and inserting before the semicolon at
17 the end the following: “, and (W) with respect to com-
18 prehensive cancer care planning services described in any
19 of subparagraphs (A) through (D) of section
20 1861(ddd)(1), the amount paid shall be an amount equal
21 to the sum of (i) the national average amount under the
22 physician fee schedule established under section 1848 for
23 a new patient office consultation of the highest level of
24 service in the non-facility setting, and (ii) the national av-
25 erage amount under such fee schedule for a physician cer-

1 tification described in section 1814(a)(2) for home health
 2 services furnished to an individual by a home health agen-
 3 cy under a home health plan of care”.

4 (c) EFFECTIVE DATE.—The amendments made by
 5 this section shall apply to services furnished on or after
 6 the first day of the first calendar year that begins after
 7 the date of the enactment of this Act.

8 **SEC. 102. DEMONSTRATION PROJECT TO PROVIDE COM-**
 9 **PREHENSIVE CANCER CARE SYMPTOM MAN-**
 10 **AGEMENT SERVICES UNDER MEDICARE.**

11 (a) IN GENERAL.—Beginning not later than 180
 12 days after the date of the enactment of this Act, the Sec-
 13 retary of Health and Human Services (in this section re-
 14 ferred to as the “Secretary”) shall conduct a two-year
 15 demonstration project (in this section referred to as the
 16 “demonstration project”) under title XVIII of the Social
 17 Security Act under which payment shall be made under
 18 such title for comprehensive cancer care symptom man-
 19 agement services, including items and services described
 20 in subparagraphs (A) through (I) of section 1861(dd)(1)
 21 of the Social Security Act, furnished by an eligible entity,
 22 in accordance with a plan developed under subparagraph
 23 (A) or (C) of section 1861(ddd)(1) of such Act, as added
 24 by section 101(a). Sections 1812(d) and 1814(a)(7) of
 25 such Act (42 U.S.C. 1395d(d), 1395f(a)(7)) are not appli-

1 cable to items and services furnished under the dem-
2 onstration project. Participation of Medicare beneficiaries
3 in the demonstration project shall be voluntary.

4 (b) QUALIFICATIONS AND SELECTION OF ELIGIBLE
5 ENTITIES.—

6 (1) QUALIFICATIONS.—For purposes of sub-
7 section (a), the term “eligible entity” means an enti-
8 ty (such as a cancer center, hospital, academic
9 health center, hospice program, physician practice,
10 school of nursing, visiting nurse association, or other
11 home health agency) that the Secretary determines
12 is capable, directly or through an arrangement with
13 a hospice program (as defined in section
14 1861(dd)(2) of the Social Security Act (42 U.S.C.
15 1395x(dd)(2))), of providing the items and services
16 described in such subsection.

17 (2) SELECTION.—The Secretary shall select not
18 more than 10 eligible entities to participate in the
19 demonstration project. Such entities shall be selected
20 in a manner so that the demonstration project is
21 conducted in different regions across the United
22 States and in urban and rural locations.

23 (c) EVALUATION AND REPORT.—

1 (1) EVALUATION.—The Secretary shall conduct
2 a comprehensive evaluation of the demonstration
3 project to determine—

4 (A) the effectiveness of the project in im-
5 proving patient outcomes;

6 (B) the cost of providing comprehensive
7 symptom management, including palliative care,
8 from the time of diagnosis;

9 (C) the effect of comprehensive cancer care
10 planning and the provision of comprehensive
11 symptom management on patient outcomes,
12 cancer care expenditures, and the utilization of
13 hospitalization and emergent care services; and

14 (D) potential savings to the Medicare pro-
15 gram demonstrated by the project.

16 (2) REPORT.—Not later than the date that is
17 one year after the date on which the demonstration
18 project concludes, the Secretary shall submit to Con-
19 gress a report on the evaluation conducted under
20 paragraph (1).

1 **TITLE II—COMPREHENSIVE PAL-**
2 **LIATIVE CARE AND SYMPTOM**
3 **MANAGEMENT PROGRAMS**

4 **SEC. 201. GRANTS FOR COMPREHENSIVE PALLIATIVE CARE**
5 **AND SYMPTOM MANAGEMENT PROGRAMS.**

6 (a) IN GENERAL.—The Secretary of Health and
7 Human Services shall make grants to eligible entities for
8 the purpose of—

9 (1) establishing a new palliative care and symp-
10 tom management program for cancer patients; or

11 (2) expanding an existing palliative care and
12 symptom management program for cancer patients.

13 (b) AUTHORIZED ACTIVITIES.—Activities funded
14 through a grant under this section may include—

15 (1) securing consultative services and advice
16 from institutions with extensive experience in devel-
17 oping and managing comprehensive palliative care
18 and symptom management programs;

19 (2) expanding an existing program to serve
20 more patients or enhance the range or quality of
21 services, including cancer treatment patient edu-
22 cation services, that are provided;

23 (3) developing a program that would ensure the
24 inclusion of cancer treatment patient education in
25 the coordinated cancer care model; and

1 (4) establishing an outreach program to partner
2 with an existing comprehensive care program and
3 obtain expert consultative services and advice.

4 (c) DISTRIBUTION OF FUNDS.—In making grants
5 and distributing the funds under this section, the Sec-
6 retary shall ensure that—

7 (1) two-thirds of the funds appropriated to
8 carry out this section for each fiscal year are used
9 for establishing new palliative care and symptom
10 management programs, of which not less than half
11 of such two-thirds shall be for programs in medically
12 underserved communities to address issues of racial
13 and ethnic disparities in access to cancer care; and

14 (2) one-third of the funds appropriated to carry
15 out this section for each fiscal year are used for ex-
16 panding existing palliative care and symptom man-
17 agement programs.

18 (d) DEFINITIONS.—In this section:

19 (1) The term “eligible entity” includes—

20 (A) an academic medical center, a cancer
21 center, a hospital, a school of nursing, or a
22 health system capable of administering a pallia-
23 tive care and symptom management program
24 for cancer patients;

1 (B) a physician practice with care teams,
2 including nurses and other professionals trained
3 in palliative care and symptom management;

4 (C) a visiting nurse association or other
5 home care agency with experience administering
6 a palliative care and symptom management pro-
7 gram;

8 (D) a hospice; and

9 (E) any other health care agency or entity,
10 as the Secretary determines appropriate.

11 (2) The term “medically underserved commu-
12 nity” has the meaning given to that term in section
13 799B(6) of the Public Health Service Act (42
14 U.S.C. 295p(6)).

15 (3) The term “Secretary” means the Secretary
16 of Health and Human Services.

17 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry
18 out this section, there are authorized to be appropriated
19 such sums as may be necessary for each of the fiscal years
20 2009 through 2013.

1 **TITLE III—PROVIDER EDU-**
 2 **CATION REGARDING PALLIA-**
 3 **TIVE CARE AND SYMPTOM**
 4 **MANAGEMENT.**

5 **SEC. 301. GRANTS TO IMPROVE HEALTH PROFESSIONAL**
 6 **EDUCATION.**

7 (a) IN GENERAL.—The Secretary of Health and
 8 Human Services shall make grants to eligible entities to
 9 enable the entities to improve the quality of graduate and
 10 postgraduate training of physicians, nurses, and other
 11 health care providers in palliative care and symptom man-
 12 agement for cancer patients.

13 (b) APPLICATION.—To seek a grant under this sec-
 14 tion, an eligible entity shall submit an application at such
 15 time, in such manner, and containing such information as
 16 the Secretary may require. At a minimum, the Secretary
 17 shall require that each such application demonstrate—

18 (1) the ability to incorporate palliative care and
 19 symptom management into training programs; and

20 (2) the ability to collect and analyze data re-
 21 lated to the effectiveness of educational efforts.

22 (c) EVALUATION.—The Secretary shall develop and
 23 implement a plan for evaluating the effects of professional
 24 training programs funded through this section.

25 (d) DEFINITIONS.—In this section:

10 (3) The term “Secretary” means the Secretary
11 of Health and Human Services.

16 SEC. 302. GRANTS TO IMPROVE CONTINUING PROFES-
17 SIONAL EDUCATION.

(b) APPLICATION.—To seek a grant under this section, an eligible entity shall submit an application at such time, in such manner, and containing such information as

1 the Secretary may require. At a minimum, the Secretary
2 shall require that each such application demonstrate—

3 (1) experience in sponsoring continuing profes-
4 sional education programs;

5 (2) the ability to reach health care providers
6 and other professionals who are engaged in cancer
7 care;

8 (3) the capacity to develop innovative training
9 programs; and

10 (4) the ability to evaluate the effectiveness of
11 educational efforts.

12 (c) EVALUATION.—The Secretary shall develop and
13 implement a plan for evaluating the effects of continuing
14 professional education programs funded through this sec-
15 tion.

16 (d) DEFINITIONS.—In this section:

17 (1) The term “eligible entity” means a cancer
18 center (including an NCI-designated cancer center),
19 an academic health center, a school of nursing, or a
20 professional society that supports continuing profes-
21 sional education programs.

22 (2) The term “NCI-designated cancer center”
23 means a cancer center receiving funds through a
24 P30 Cancer Center Support Grant of the National
25 Cancer Institute.

1 (3) The term “qualified individual” means a
 2 physician, nurse, social worker, chaplain, psycholo-
 3 gist, or other individual who is involved in providing
 4 palliative care and symptom management services to
 5 cancer patients.

6 (4) The term “Secretary” means the Secretary
 7 of Health and Human Services.

8 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry
 9 out this section, there are authorized to be appropriated
 10 such sums as may be necessary for each of the fiscal years
 11 2009 through 2013.

12 **TITLE IV—RESEARCH ON END-**
 13 **OF-LIFE TOPICS FOR CANCER**
 14 **PATIENTS**

15 **SEC. 401. RESEARCH PROGRAM.**

16 (a) IN GENERAL.—The Director of the National In-
 17 stitutes of Health shall establish a program of grants for
 18 research on palliative care, symptom management, com-
 19 munication skills, and other end-of-life topics for cancer
 20 patients.

21 (b) INCLUSION OF NATIONAL RESEARCH INSTI-
 22 TUTES.—In carrying out the program established under
 23 this section, the Director should provide for the participa-
 24 tion of the National Cancer Institute, the National Insti-
 25 tute of Nursing Research, and any other national research

1 institute that has been engaged in research described in
2 subsection (a).

3 (c) DEFINITIONS.—In this section:

4 (1) The term “Director” means the Director of
5 the National Institutes of Health.

6 (2) The term “national research institute” has
7 the meaning given to that term in section 401(g) of
8 the Public Health Service Act (42 U.S.C. 281(g)).

9 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
10 out this section, there are authorized to be appropriated
11 such sums as may be necessary for each of the fiscal years
12 2009 through 2013.

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